



CG-DIST, CHARITABLE CONTRIBUTION DISTRIBUTION LIST

State Form 48681 (R6 / 5-08)

INDIANA GAMING COMMISSION

INSTRUCTIONS: Complete this schedule if your organization made charitable contributions of gaming proceeds to other organizations and/or individuals. Attach to the Gross Receipts Report, Form CG-21 or CG-22. Attach additional sheets if necessary.

Name (please type or print)			Email address	
Address (number and street)			Federal Identification number (FID)	
City	State	ZIP code	County	
Name of Organization or Individual to Whom Contribution Was Made	Their Federal I.D. Number or Taxpayer Identification Number	Check If They Are a Qualified Organization ¹	Distribution Date	Amount Contributed to Organization or Individual
				1
				2
				3
				4
				5
				6
				7
				8
				9
				10
				11
				12
				13
				14
				15
				16
				17
				18
				19
				20
				21
				22
				23
				24

¹See definition on back

Name of Organization or Individual to Whom Contribution Was Made	Their Federal I.D. Number or Taxpayer Identification Number	Check If They Are a Qualified Organization	Distribution Date	Amount Contributed to Organization or Individual	
				25	
				26	
				27	
				28	
				29	
				30	
				31	
				32	
				33	
				34	
				35	
				36	
				37	
				38	
				39	
				40	
				41	
				42	
				43	
				44	
Total amount distributed for charitable purposes. Add Lines 1 through 44 TOTAL					

¹For gaming purposes, a *qualified organization*: 1) is a bona fide religious, educational, senior citizens, veterans, or civic organization operating in Indiana that is exempt from taxation under Section 501 of the Internal Revenue Code; 2) must have been continuously in existence for at least five years or be affiliated with an Indiana parent organization that has been in existence for at least five years; 3) may be a bona fide political organization operating in Indiana that produces exempt function income; and/or 4) may be a hospital, health facility or psychiatric facility licensed under IC 16-21-2, 16-28-2, respectively.

Under penalty of perjury, I have examined this schedule and, to the best of my knowledge, it is true, complete and correct.

_____ Signature of schedule preparer	_____ Printed name	_____ Title	_____ Date (month, day, year)	_____ Daytime telephone number
_____ Signature of presiding officer	_____ Printed name	_____ Title	_____ Date (month, day, year)	_____ Daytime telephone number